

Alameda County Coroner's Bureau Gregory J. Ahern, Sheriff/Coroner 2901 Peralta Oaks Court, Oakland, CA 94605 (510) 382-3000

Coroner Investigator's Report

Edward Conscious Annual	THAME OF DECEASED (LAST I	IDET MIDDLE)			TENTATIVE I	LINDENTIFIED	CACE NUMBER	D
CALL INFO	NAME OF DECEASED (LAST, FIRST MIDDLE) RODGERS, ROSCIL				TENTATIVET	UNIDENTIFIED	2014-03	
					REPORTING A	CENOV	REFERENCE	
	REPORTED BY REPORTED BY PHONE K. Wenit				are Medical Cente		NOWBER	
A	INVESTIGATOR		CALL DATE AND T	IME	CASE TYPE	are ivicated certic	,,	
C	ERIK BORDI 10/24/2014 1904			Removal	Case			
-	DATE AND TIME OF DEATH		DATE OF BIRTH	AGE	GENDER	RACE	MARITAL STATUS	VET
	10/24/2014 1843		5/13/1982	32 Years	Male	Black	Never Married	
	HGT WGT	EYE COLOR	HAIR COLOR	OCCUPATION		EMPLOYER		
		Brown	Black	landscaper				
-	Preliminary Summ							
N N	Tellimary Samm							
DECEDENT								
Ö								
	LOCATION OF DELTA							
	Valley Care Medica	I Contor					LOC TYPE HOSP	
					COUNTY		ПОЗР	
		ADDRESS (STREET, CITY, STATE, ZIP) 5555 W. Las Positas Boulevard, Pleasanton, CA, 94588 Alameda						
	Manner Natural						EDUTY CODONED #	1422
				n Certificate S	igned by	J. HOVDA, DI	EPUTY CORONER #	
王	Cause A Bilatera	l pulmonary emb	oli				Interval	Hours
DEATH	Cause B						Interval	
	Cause C						Interval	
	Cause D						Interval	
	Other							
	Significant Conditions							
	LEGAL NEXT OF KIN		RELATIO	NSHIP		TELE	PHONE NO.	
<u> </u>	NOTIFIED BY	Man a valence de la compansión de la compa	METHOD			DATE	AND TIME	
H	Erik Bordi			e Contact		DATE	AND TIME	
NOTIFIC.	IDENTIFICATION METHOD		DATE AN					
~	Identification card							
	LOCATION OF INCIDENT					ATW	ORK	
<u></u>								
Ē	ADDRESS (STREET, CITY, STA	TE, ZIP)		COUNTY			DATE AND TIME OF INCIDENT	
INCIDENT								
ž	INVESTIGATING AGENCY	:ra 0:ra:	INV AGE	NCY PHONE NUMBE	R	OFFI	CER	
	Alameda County Sh	eriff's Office						
- Jag	FUNERAL HOME	INIEDAL LIONE				TO FUNERAL HOME ON		
DISP	WIGGINS-KNIPP FU		and Devidence 1		10/28/201	4 1415		
	Full Autopsy Partial Autops Yes	y Inspection Reco	ord Review Inspe	ection w/Specimen	EXAM BY PΔΙΙΙ \Λ/	HERRMANN		
	165				I AUL W.	LICINIMINI		



Gregory J. Ahern, Sheriff / Coroner

Coroner's Bureau, 480 4th Street, Oakland, CA

94607-3829

(510) 268-7300 / (510) 268-7333 (fax)

Investigator Narrative

Decedent:

RODGERS, ROSCIL

Case Number:

2014-03021

Investigator:

Erik Bordi

First Call Information:

On October 24, 2014, about 1904 hours, I (BORDI) received a call from Alameda County Sheriff's Deputy D. KUJAWSKI #604 regarding the probable natural death of Santa Rita Jail (SRJ) inmate Roscil RODGERS. Deputy KUJAWSKI told me he had limited information but would have medical personnel from Valley Care Hospital call as soon as they had more information regarding the circumstances of RODGERS' death. (EB1879)

About 1910 hours, I received a call from Valley Care Hospital Nurse K. WENIT and he told me RODGERS was brought into the emergency room, about 1221 hours, on October 24, 2014, for shortness of breath. Medical therapy was applied to RODGERS but he was still having labored breathing and also had trouble speaking. RODGERS' blood pressure was dropping and he was intubated. His health continued to decline and he was pronounced dead, about 1843 hours, after life saving measures was unsuccessful. Nurse

WENIT told me RODGERS had medical history of

and

Nurse WENIT said

(EB1879)



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M	edi	ical	Sum	ma	rv:
	Cu	· · ·	Juli	1114	

RODGERS was diagnosed with	According to Santa Rita Jai
medical records RODGERS was also diagnosed with	(EB1879)
I requested and received all medical records associated wi Sheriffs' Office Custody. (EB1879)	ith RODGERS while he was in Alameda County
Description of the Death/ Injury Scene:	
RODGERS died in the emergency room at Valley Care Hosp	pital in Pleasanton. (EB1879)

Body Identification:

I searched the Consolidated Records Information Management System (CRIMS) using RODGER'S personal file number and located a record that matched. I compared RODGERS to the associated photograph and it appeared to be a match. (EB1879)

I also located a California Drivers License (CDL) number in CRIMS and used it to search in Cal-Photo. I located a record and compared the associated photograph to RODGERS and it also appeared to be a match. The CDL information listed Roscil RODGERS as his legal name. (EB1879)



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Next	of	Kin	Investi	gation:

call back. (RRP1868)

There was no next of kin information known at the time of the first call. (EB1879)

and there was no answer. I left a message for

I searched CRIMS to see if anyone had visited RODGERS while he was in custody. I located one record that indicated visited RODGERS on September 23, 2010. I called the associated phone number and a male answered and said they did not know anyone by the name of (EB1879)
About 0200 hours, I conducted a search on Accurint using RODGERS' name and date of birth. I located a record that matched RODGERS' demographics. I searched the relatives section and located multiple records. A follow up will be left to call the associated phone numbers and attempt to notify possible next of kin. (EB1879)
On October 25, 2014, about 0915 hours, I (PLASENCIA) attempted to contact possible family members of RODGERS listed in the relatives section of the Accurint printout. I called the number listed for

on her voicemail requesting a

On October 25, 2014, about 1655 hours, I (BORDI) called a second name listed in the Accurint report but no one answered, so a voicemail message was left requesting a call back.

(EB1879)



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About 1700 hours, I also attempted to call message was left requesting a call back. (EB1879)
About 1730 hours, I located a second phone number for the
About 1740 hours, I received a call from a who told me she was also one of RODGERS' sisters. Said she was notified of RODGERS' death by their sister, told me she was with RODGERS' mother, and their mother was notified of the death. I explained to the circumstances surrounding RODGERS' death and the Corners involvement. Told me RODGERS was not married and did not have any children. I told that was her brother's legal next of kin and needed to make funeral arrangements. (EB1879)
Other Agency Reports:

Deputy KUJAWSKI wrote police report #14-018789 documenting the incident. I accessed the Alameda County Ileads report writing system and printed out a copy of the report. I reviewed the report and placed it in the case file. The report was consistent with the information reported to me. (EB1879)

Property and Evidence:

I issued Coroner Receipt #35273 to Nurse L. COOPER for RODGERS' body and property. (EB1879)



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I went to SRJ and collected all of RODGERS' personal and cell property. Due to the fact some of RODGERS' cell property was perishable goods it was properly disposed of. (EB1879)

Coroners Fees:

There are body removal \$254 and body preparation \$67 fees totaling \$321.00 associated with this case. (EB1879)

Other Investigative Details/ Supplemental Information:

On October 24, 2014, about 2016 hours, Deputy UNUBUN and I (BORDI) arrived at Valley Care Hospital. We were met by Deputy KUJAWSKI in the emergency room and he led us to RODGERS' body. I saw RODGERS was lying supine with medical therapy applied. He was wearing a pair of red Alameda County Jail pants and a Valley Care Hospital gown. I did not notice any trauma to RODGERS' body or head.

I performed a limited external exam on RODGERS and noticed he was warm to the touch. Rigor mortis was absent as well as any lividity. I did not see any bruising or trauma to RODGERS' body. Deputy UNUBUN took digital photographs of RODGERS and he was prepared for transport back to the Coroner's Bureau.



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About 2059 hours, we arrived at SRJ to collect RODGERS' medical records and property. We were met by Lieutenant V. FOX and he provided the medical records furnished by Corizon Health Services. Lieutenant FOX also provided me with RODGERS' personal and cell property.

I conducted a search on the Alameda County Mainframe to see when RODGERS was incarcerated at SRJ. I located a file and that indicated RODGERS was booked into SRJ on September 9, 2014. On October 24, 2014 he was moved to the outpatient housing unit due his medical conditions of

About 2230 hours, we arrived at the Coroner's Bureau and processed RODGERS into the morgue which included intake photographs. The hospital photographs and intake photographs were later downloaded onto a CD-R disc and placed into the case file.

On October 27, 2014, Coroner Pathologist Dr. P. HERRMANN did an autopsy. The cause of death was deferred pending medical records review.

On October 28, 2014, Dr. HERRMANN determined RODGERS' cause of death to be

On October 28, 2014, Wiggins-Knipp Funeral Home arrived at the Coroner's Bureau to remove RODGERS for his final disposition. authorized the Wiggins-Knipp Funeral Home to remove RODGERS. (EB1879)



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On November 19, 2014, I (BORDI) reviewed this case for purposes of closure. I checked the billing section of CME and saw body preparation fees were paid in full. However, the removal fees were not. There was an outstanding balance of \$254.00.

On November 20, 2014, I (Sgt. BARON) reviewed this case for closure. I saw the body removal fees are still pending and therefore placed a fee hold on the report until they are paid. (HB#2017)

Findings:

On November 19, 2014, I reviewed this case to determine a manner of death. Upon reviewing the autopsy protocol, Nurse WENIT'S statements, and RODGERS' medical history, I determined the manner of this death to be natural. My finding is based on RODGERS' medical conditions and the cause of death as given by Dr. HERRMANN. (EB1879)

Supervisor Review:

On Thursday, November 20, 2014, I (Sgt. Baron) reviewed this case and found it to be complete. I concur with the findings and approve this case for closure. (HB#2017)

Coroner's Bureau 480 4th Street, Oakland, CA 94607-3829



Gregory J. Ahern, Sheriff

Director of Emergency Services Coroner - Marshal

CASE NUMBER:	CASE NAME:
2014-03021	Roseil Rodgers
PATHOLOGIST: Paul W. Herrmann, M.D.	HISTOLOGICAL EXAMINATION

LUNG: A large laminated blood clot is present in a pulmonary vessel. There is no evidence of

organization of the blood clot.

BLOOD CLOTS: These clots show lamination without organization.

KIDNEY: Normal.

MYOCARDIUM: Normal.

BRAIN: Normal.

LIVER: Congestion with mild triaditis.

BRONCHIAL TISSUE: Peribronchial hemorrhage.

PWH/cah D: 11/17/14

T: 11/18/14

ate

Signature

Coroner's Bureau 480 4th Street, Oakland, CA 94607-3829



Gregory J. Ahern, Sheriff

Director of Emergency Services Coroner - Marshal

MEMORANDUM

DATE:

October 27, 2014

FROM:

Paul W. Herrmann, M.D.

TO:

Case File 2014-03021

SUBJECT:

AUTOPSY PROTOCOL

Autopsy performed upon the body of Roscil Rodgers at the Coroner's Bureau, 480 4th Street, Oakland, California, on October 27, 2014, at 10:45 a.m.

AUTOPSY FINDINGS

- 1) BILATERAL PULMONARY EMBOLI.
- 2) MARKED CONGESTION OF THE LUNGS.
- 3) CONGESTION OF THE LIVER, SPLEEN, AND KIDNEYS.
- 4) PALLOR AND EDEMA OF THE BRAIN.

CAUSE OF DEATH: BILATERAL PULMONARY EMBOLI.

cc: EMS

District Attorney
Investigations Bureau

1	EXTERNAL	EXAMINATION

- 2 The body is that of a well-developed adult black male
- 3 appearing consistent with the stated age of 32 years, weighing
- 4 180 pounds and measuring 73 inches. The hair is black. The
- 5 irides are brown. The teeth are in fair condition, though a few
- 6 are missing in the upper arch. One tooth in the left incisor
- 7 area appears to have been broken off at the gumline, and the gum
- 8 is well healed. There are a black mustache and goatee. Purple
- 9 lividity is present on the back.
- The body is dressed in the following items of CLOTHING:
- 11 1) A drawstring-type top from VALLEY CARE HEALTH SYSTEM.
- 12 2) A maroon jumpsuit top which has been extensively cut.
- 13 3) Maroon jumpsuit trousers with an elasticized waistband.
- 14 These are pulled down to the level of the upper thighs.
- There is extensive evidence of MEDICAL TREATMENT:
- 16 1) EKG pads are adherent to the lower extremities. They
- 17 are also present on the anterior torso and the shoulders.
- 18 2) A resuscitative electrode pad is present on the left
- 19 lateral chest. Another is present on the right upper chest.
- 20 3) A tube protrudes from the left upper chest. It is
- 21 attached to what is called a thoracic vent.
- 22 4) A triple-lumen catheter measuring 4 inches in length is

- 23 present on the left side of the neck.
- 24 5) A Foley catheter stabilization device is attached to the
- 25 right thigh, but there is no Foley catheter present.
- 26 6) There is an Intracath taped in place on the dorsum of
- 27 the left hand.
- 28 7) An identification band is present on the left hand. It
- 29 shows a picture of the decedent.
- 30 8) An electronic monitoring device is attached to the left
- 31 ring finger.
- 32 9) An Intracath is taped in place on the dorsum of the
- 33 right hand.
- 34 10) A hospital-type identification band is present on the
- 35 right wrist.
- 36 11) An endotracheal tube is taped in place in the mouth.
- 37 Tattoos
- There is a tattoo of some flowers on the dorsum of the
- 39 right forearm. There is what appears to be a name over the
- 40 right wrist, but I am not able to read the name. There is a
- 41 tattoo somewhat in the shape of a heart on the back of the left
- 42 shoulder. There is a tattoo of some footprints on the left
- 43 buttock. There is a tattoo over the sacrum of a beehive with
- 44 some bees and, above it, the words "TASTE LIKE HONEY."

45	BLUNT	TRAUMA
4.0	mb e see	ia no 1

- There is no evidence of blunt trauma to the face or head.
- 47 No trauma is seen on the neck except for the needle puncture.
- There is no trauma to the chest or abdomen.
- The left upper extremity shows some markings of a blood
- 50 pressure cuff on the upper arm, but there is no evidence of
- 51 blunt trauma.
- The right upper extremity also shows no blunt trauma, and
- 53 none is seen on the hand.
- There is no trauma to the genital area.
- The lower extremities show no recent blunt trauma.
- 56 Scars
- 57 There are numerous pigmented and depigmented scars in the
- 58 pretibial areas of the legs. There are a number of circular
- 59 scars of the skin over the thighs. These are too numerous to
- 60 count. They average 1/2 inch in size.
- There is an irregular pigmented scar just to the right of
- 62 the umbilicus, measuring approximately 1 inch in greatest
- 63 dimension. There is a café au lait spot present on the right
- 64 upper abdomen, measuring 2 inches by 1 inch in greatest
- 65 dimensions.

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66	The left upper arm shows some healed as well as recent
67	needle punctures on the lateral aspect of the wrist, the dorsum
68	of the forearm, and the anterior aspect of the forearm. There
69	appear to be some healed needle puncture marks in the left
70	antecubital fossa, but no scarring is present. There is some
71	irregular scarring on the dorsum of the left hand, particularly
72	over the metacarpophalangeal joints of the middle and ring
73	fingers.
74	The right upper extremity shows no distinctive scarring.
75	There is no trauma to the back or buttocks, and no scarring
76	is present in these areas.
77	INTERNAL EXAMINATION
78	Y-SHAPED THORACOABDOMINAL AND INTERMASTOIDAL INCISIONS are
78 79	Y-SHAPED THORACOABDOMINAL AND INTERMASTOIDAL INCISIONS are made.
79	made.
79 80	made. HEAD: There is no evidence of trauma to the scalp. The
79 80 81	made. HEAD: There is no evidence of trauma to the scalp. The subcutaneous tissue, galea and skull are unremarkable. The
79 80 81 82	made. HEAD: There is no evidence of trauma to the scalp. The subcutaneous tissue, galea and skull are unremarkable. The meninges show no abnormalities. The external surface of the
79 80 81 82 83	made. HEAD: There is no evidence of trauma to the scalp. The subcutaneous tissue, galea and skull are unremarkable. The meninges show no abnormalities. The external surface of the brain shows marked gyral flattening. The unci are slightly

the ventricles are somewhat compressed. The vessels of the base

109

of the brain are unremarkable. The base of the skull is normal. 88 NECK ORGANS: The soft tissues of the neck and the cervical 89 spine are normal. The laryngeal and tracheal cartilages and 90 hyoid bone are intact. The airway is patent. The thyroid gland 91 is of normal size and unremarkable on cut section. 92 There is no evidence of trauma to the chest wall. 93 The ribs are intact. The lungs fill the pleural spaces. 94 LUNGS: The left lung weighs 700 grams. The right lung 95 weighs 750 grams. The pulmonary arteries show the presence of 96 pulmonary emboli bilaterally. They are not in the main 97 pulmonary artery, but they are in the proximal pulmonary 98 arteries of each lung. They extend into the secondary and 99 tertiary branches, at least. The emboli show slight fibrin on 100 the surface in the proximal bronchi, but they are not 101 significantly adherent to the vessel walls. The pulmonary 102 parenchyma is markedly congested and slightly edematous. 103 The pericardial sac contains a small amount of HEART: 104 clear yellow fluid. The external surface of the heart shows no 105 abnormalities. The heart weighs 380 grams. The coronary 106 arteries show no atherosclerosis. The cardiac chambers and 107 valves are unremarkable. The myocardium on cut section shows no 108

scarring. The left ventricular wall measures 15 mm in

- 110 thickness; the right, 3 mm. The interventricular septum is
- 111 unremarkable. The foramen ovale is closed. The descending
- 112 thoracic and abdominal aorta shows no abnormalities.
- 113 ABDOMEN: The abdominal fat is 1-1/2 inches at the
- 114 umbilicus. The organs are in their normal positions.
- 115 LIVER: The liver weighs 1900 grams. The capsule is
- 116 smooth. The parenchyma is acutely congested, maroon-brown in
- 117 color. There is a stellate scar on the surface of the right
- 118 lobe of the liver, measuring approximately 2 inches in greatest
- 119 dimensions, but it does not involve the hepatic parenchyma. The
- 120 gallbladder and extrahepatic ducts are unremarkable.
- 121 SPLEEN: The spleen weighs 80 grams. The capsule is
- 122 smooth. The parenchyma is firm and congested.
- 123 PANCREAS: The pancreas is of normal size and retains a
- 124 firm, tan, lobular architecture.
- 125 ADRENAL GLANDS: The adrenals are equal in size. The
- 126 cortices are thin, bright yellow. The medullae are
- 127 unremarkable.
- 128 GASTROINTESTINAL TRACT: The mucosa of the esophagus and
- 129 stomach is unremarkable. The stomach contains approximately
- 130 300 cc of thin watery gray-brown fluid. The duodenum and small
- 131 bowel contain a slight amount of creamy yellow chyme. The large

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PWH/cah

132	intestine is unremarkable. The rectum is empty. I see no
133	evidence of any carcinoma involving the large intestine. There
134	are no enlarged lymph nodes. The small bowel, also, is
135	unremarkable on cut section.
136	GENITOURINARY TRACT: The kidneys weigh 180 grams each.
137	The capsules strip with ease. The cortical surfaces are smooth.
138	The parenchyma is firm and congested. The renal vessels, pelves
139	and ureters are in their normal positions. The urinary bladder
140	is empty. The bladder mucosa is unremarkable. The prostate
141	gland on cut section shows no abnormalities. The testes are
142	palpated in the scrotum. The penis is circumcised. The
143	thoracic and lumbar spine are unremarkable.
144	Both legs and thighs are opened posteriorly. The veins all
145	appear entirely unremarkable. None of them shows any evidence
146	of disease, and there is no evidence of thrombosis. No thrombi
147	are seen in the main pelvic veins.
148	
149	
15(151 152 153	Paul W. Herrmann, M.D.